**

Shady Grove and White Oak Medical Centers

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| **Blood Bank Team Meeting** **Minutes**  **February 4, 2025** |

**Present:**

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| √ | Mary-Dale Abellano | √ | Bilen Gebresenbet | √ | Arlene Mencias |
|  | Kelvin Addo | √ | Isaias Gebreweldi |  | Tsegaye Negash |
| √ | Malak Antar | √ | Hojat Goudarzi |  | Boris Njeambosay |
| √ | Lesley Crowder | √ | Chizobam Igweh | √ | Henry Nvule |
| √ | Bech Ebini | √ | Jessica Jenkins |  | Natasha Quashie |
| √ | Uchama Eni | √ | Larissa Kukapa | √ | Rocio Vergara Torres |
|  |  | √ | George Li |  |  |

**Distribution:** Blood Bank Team

**Meeting commenced:** 0630 and 1600 via TEAMS

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| **ITEM** | **DISCUSSION** | **ACTION** | **FOLLOW UP** |
| **Recognition** | Staff asked for a public forum to recognize others. | Informational | None |
| **BBREF** | Every shift must check for pending BBREF results 4 hours after start of shift and at the end of shift, so we are checking every 4 hours.  We still have a number of people that are not looking for completed BBREF results. | Informational | None |
| **Stericycle** | Each box that Stericycle picks up has a unique number associated with it. That unique number is found on the sticker for the box and written on the form.   |  |  | | --- | --- | |  | This is the unique number on each sticker assigned to the box that goes on the form here | | Informational | None |

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| **Controls** | Outside of daily reagent QC, most blood bank tests require QC on each day of use. Fetal screen QC is done with each batch of patient specimens. We need to log it when it is run only.  For fetal screen, if more than one sample is done in the batch, we draw arrows down to indicate QC was done with that batch.    For Ag typing, we check the box to show QC was already done. | Informational | None |
| **Blood Label** | When we thaw cryo the label will sometimes leave the number of units in pool area blank on the new label. You must fill this in with a “5.” | Discussion | None |
| **IQE** | When you create a new event in IQE, you must select the correct location or license. This autofills with FWMC. I have a number of people that are not changing this which is causing the events to be logged with FWMC. I CANNOT CHANGE THIS, so it is really important for people to pay attention.    Please ensure you are writing the event number on all copies. It is difficult to match events with copies without that number. I have a couple of people that are not doing this. | Informational | None |

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| **Case Study 1** | We receive a T&S on a pregnant female. Echo reports the following results:   |  |  |  | | --- | --- | --- | | Echo Results | Repeat Results in Tube | Tech Workup | | Anti-A = 0  Anti-B = 0  Anti-D4 = ?  Anti-D5 = 0  A1 Cell = 2+  B Cell = 4+ | Anti-A = 0  Anti-B = 0  Anti-D4 = 1+  A1 Cell = 2+  B Cell = 4+ | Tech incubated the anti-D tube at room temperature and reported results as O-pos |  1. What do you notice about these results?   The Rh is positive but not weak enough to call positive per procedure.   1. What steps should be taken?   Perform weak D testing. NOTE: The ABO discrepancy procedure does not include Rh. If we have an Rh discrepancy, we move to the weak D procedure.   1. How should this be reported/interpreted in Sunquest?   O, Rh indeterminate  Weak D should have been reported as positive   1. Assume the patient delivered an Rh-positive baby. Does she require RhIG?   Yes, but we cannot test using the fetal screen kit because mom is not true Rh-negative. We need to cancel the fetal cell screen and order the Kleihauer-Betke | Discussion | None |
| **Misc RhIG** | 1. The Women’s Clinic is sending pregnant females to L&D to get their 26-28 prophylactic dose of RhIG. Patients do not require testing at SGMC prior to getting RhIG as long as they had a T&S done during the current pregnancy by the Clinic. 2. If we receive a fetal screen order for a patient that has not delivered, so we don’t know the baby’s blood type, BB can cancel the FSC and order the KBT test. We do not need the provider to order the KBT. We can do this per policy. 3. If we receive a fetal screen order on a pregnant female that does not have a blood type in our system, we can automatically order the ABO/Rh per policy. If the Rh is negative, we would reflext the AbS per policy also. 4. Question: We receive a T&S on a patient and identify a pattern of anti-D. The patient has a history of anti-D in our system, but the patient also received RhIG. What do we call this antibody?   Answer: If we have a history of anti-D, we would call this anti-D regardless of whether the patient received RhIG. We would want to escalate this for investigation though. | Informational | None |
| **Case Study 2** | We received a T&S on a patient without history. The AbS is positive and anti-Jka is identified. The patient was seen at another hospital and transfused 2 weeks prior. The blood bank at that hospital reports the patients AbS was negative at the time of testing.  Is this a transfusion reaction?  Yes, per our policy listed below. BB should suspect a transfusion reaction if we get a positive antibody screen in a patient that previously had negative antibody screens. | Discussion | None |
| **Time Off Requests** | Quest is moving away from Kronos for time tracking. They started the process by moving PTO and time off requests to Employee Self Service.  Planned vacation: Please enter requests into Humanity like we currently do. Once approved, please enter your vacation request into ESS.  Unplanned absences: Please enter into ESS as soon as possible after your absence.  Please take the training on Empower if you haven’t already. | Informational | None |
| **Questions** | Question:  Do we honor patient requests if the patient will only receive blood products that match his/her ABO/Rh?  Example:  We had a patient who was AB pos request to only receive AB pos red cells. We do not normally stock AB pos red cells.  Answer:  We will order the products in if the patient requests as long as we have time to do so. If the transfusion is time-sensitive or urgent, the provider will need to discuss with the patient. This will only apply to AB red cells and possibly platelets.  Question:  We recently received a cord blood that was labeled with mom’s identifiers instead of baby’s identifiers. We called to cancel, but the floor wanted to see the specimen to ensure it was actually mislabeled. Do we allow them to do that, or should they accept our word (integrity)?  Answer:  We will show them the labeling if they want to see it. We can explain the mislabeling issue to them. We will not let them change or take the specimen with them. Copies of mislabeled specimens are also submitted into RL for manager review.  Question:  If we have an emergency release request for red cells due because an antibody identification is pending, do we crossmatch?  Answer:  We can perform screening crossmatches if time permits. That will need to be a determination made by the ordering physician. We would need to perform the crossmatch on downtime, issue using the emergency release function, then enter the crossmatch after emergency issue.  For least incompatible red cells when the workup is complete, we would crossmatch and issue on the T&S.  Note:  Reminder that if we identify a positive DAT on a baby and the mother has a clinically-significant antibody, we must do the eluate to determine if the clinically-significant antibody and/or the ABO antibodies are coating the cells. | Discussion | None |
| **To Do List** | 1. Ensure you are regularly checking Empower and completing assignments. There is one due on 2/5/25. Reminder that we will have zero tolerance for late assignments in 2025. 2. Ensure that you are checking MTS at least weekly and completing assignments. We will have zero tolerance for late assignments in 2025. 3. Complete RWB portion of the competency before the end of February. 4. Complete blood product competency by May 15, 2025. | Complete mandatory training assignments by the deadline and competency by 5/15/25 | All Staff |